## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobb	yist(s)Kathleen	Garrett Loughran		
II. Name of lobb	yist's partnership, fir	m or corporation, if a	ıy:	
Anthem, I	nc.			
	(Name of partnership, fir	m or corporation)		
120 Mon	ument Circle	Indianapolis	IN	46204
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(800) <u>331-147</u> (Telepho		( )(Fax)		lleen.loughran@anthem.com
	ent covers: (Choose on nse transactions which		•	u may file a separate report for
-	_	in the months prior to	the reporting date relative	to the following client:
Anthe	em, Inc.			
OD	(Full Name of Clie	ent as it appears on the Lo	bbyist Registration Form)	
OR ☐ All reportable unrelated to any p	•	byist (including the lob	byist's family), or the lob	bying firm listed below which are
IV. Date of Repo	ort April 25, 2018  activity from date of regi	· ·	July 25, 2018 [ activity from 4/1/	
	October 31, 201 activity from 7/1/18		January 30, 2019 activity from 10/1/18 to	
	ked, complete just this		transactions made sin be Secretary of State's Offi	ice, State House, Room 204,
VI Cheek if add	litional reports are att	achadi		
	litional reports are att		ile <b>Addendum A</b> – Fees a	nd Fynenses
•	oaid an honorarium or re	•		- Report of Honorariums or
-		made political contribu	utions, you must file Addo	endum C-Political Contributions
I have read RSA		-C and RSA 664 and he	ereby swear or affirm that	the foregoing information is true
and complete to t	the best of my knowledge	ge and belief.	. 1	
Signature of lob	byjst)	Deythen	10/12/	<del>9018</del> (Date)
Kathleen Ga (Print Name of le	rrett Loughran obbyist)			RECEIVE

OCT 12 2018

NEW HAMPSHIRE DEPARTMENT OF STATE